Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amended* Statement of Organization * Statement must be filled within 10 days of committee accopting contributionaring dobts exceeding \$750. Amendments must be filled within 30 da Effective January 1, 2011, ONLY county/local committees with less than using these forms. All other committees must file their statements and re	ys of a change,	FORM DR-1 (Rev. 8/2011) For Office Use C Comm. # Indexed Audited Computer	STATEMENT OF ORGANIZATION
COMMITTEE NAME	the candidate's last name in the name of	of the committee.) If an	ending committee name,
IMPORTANT: Indicate type of committee you are reporting for: 6 (1) Statewide/Logislative/Judge Standing for Retention Candidate (5) County Candidate (6) City Candidate (7) School Board or Other (10) School Board or Other Political Subdivision PAC (11) Ballot Is		County Central Con County PAC (9)Clin multiple city/county	y PAC
COMMITTEE TREASURER (mandatory for all committees)			3.4
Name 1 shane conlon	Name ↓ ↓	latory except for a ca	
Mailing Address J. Windsor Circle	Mailing Address ↓ ↓		ω <u>550</u>
	TO SECURITION OF STATE OF		2 65
Storm Lake, la. 20588	City, State ↓ ↓ Zip Code ↓ ↓		22
Phone 712 ) <sup>732-6499</sup>		011011	- 0
	Phone ( )_		<b>(49)</b>
e-Mail stormlakeconstruction@live.com	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box AcComment or description: Raised funds for my campaign for	dvocate for/against candidate(s) A	dvocate for ballot issue	(s)
All Candidates Enter:	IVIAVOR OF STORM LAKE I I A	dvocate against hallot	PPUO(e)
Office Sought; Iviayor	- Candidates a	nd Ballot Issue Com	nittees Enter:
Political Party (if applicable)	County: Buena Vista (If active in multiple ballot issue		
District: City of Storm Lake			of counties
Year Standing for Election: 2013	Date of Election: Nov. 5th	2013	
Bank Account Namo (must match committee name)	Candidate name & Addross or P	aront Entity (PACs, if	applicable).
The Committee to elect Shane Conlon for Mayor	_	ffillato, or Sponsor	
Name of Financial Institution/type of Account	Shane Conlon	Mark	
The Citizens 1st National Bank / Political Contribution	Malling Address ↓ ↓		
Malling Address ↓ ↓	7 S. Windsor Circle		
529 Lake Ave.	City 1 1	State ↓ ↓ Z	ip ↓ ↓
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Storm Lake	la. 5	0588
Storm Lake, la. 50588	Phone 712 ) 732-6499		
	e-Mail stormlakeconstruction	@live.com	
STATEMENT OF ACCIONATION			
STATEMENT OF AFFIRMATION: By filing this document the committee affi	irms the following:		¥
<ol> <li>The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code.</li> </ol>	t they are subject to the laws in lowa Code	e chapters 68A and 68B	and the administrative
<ol> <li>That lows Code section 68A.402 and rule 351—4.9 require the filing of disclosubjects the candidate or chairperson (in the case of committees other than a carimposition of other criminal and civil sanctions.</li> </ol>			
<ol> <li>That Iowa Code section 68A.405 and rules 351—4.38 through 4.41 require the political materials except for those items exompted by statute or rule. A committee shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file</li> </ol>	e placement of the words "paid for by" and that wishes to register a committee name to the Form DR-SFA form to the control of the	the name of the commi	ttee on all
4. That lowa Code section 68A 503 and rules 351-4.44 through 4.52 prohibit the	a receipt of composite contributions by	is iom.	
they only expend campaign funds as	s namitted by Imam and		
6. That the committee will continue to file disclosure reports until all activity has codissolution (DR-3) has been filed.	easod, committee funds spent, debts reso	1 through 68A,303 and a	ule 351—4.25.
Show Colo - Cine		The state of the s	a statement of
Signature of Tropsurer			
Mrs. Conl - Carolilato		Date Signed	
Signature of Candidate, OR, for all other committees, Chairperson		2-1-51-	